

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

PECEIVED

Expires: May 31, 2005

Estimated average burden hours per response.

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Serial DATE RECEIVED

Name of Offering (check if this is an a	mendment and name n	as changed, and indi	cate change)		111175/
Speedware Corporation Inc. Pr	ivate Placement	of Common S	hares		943316
Filing Under (Check box(es) that apply):	Rule 504	Rule 505	Rule 506	Section -	4(6) ULOE
Type of Filing:	New Filing	Amenda	ment		DDACECEEN
	A. BAS	IC IDENTIFICATI	ON DATA		LVACEORE
1. Enter the information requested al	out the issuer				III 28 2004
Name of Issuer (check if this is an ar	mendment and name h	as changed, and indi	cate change)		7
Speedware Corporation Inc.					THOMSON 🗢
Address of Executive Offices (Number and	Street, City, State, Zip	Code)		Telephone	Number (Including Area Code)
9999 Cavendish Blvd., Suite 10	0, Montreal, Qu	iebec H4M 2X	5	(514) 74	7-7007
Address of Principal Business Operations (if different from Executive Offices)	(Number and St	reet, City, State, Zip	Code)	Telephone	Number (Including Area Code)
Brief Description of Business					
Software products					
Type of Business Organization		1::4		1	Other (-1
corporation		·	rship, already for		Other (please specify):
business trus	it	limited partne	rship, to be forme	d	
	Mo	nth	Year		
Actual or Estimated Date of Incorporation or Organization:	0	9 8	3	Actua	l Estimated
Jurisdiction of Incorporation or Organization	-	U.S. Postal Service FN for other foreign		State:	C N
GENERAL INSTRUCTIONS					

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Enter the information requ Each prof			anized within the past five	e years.	. *
• Each bend	eficial owner havin				0% or more of a class of equity
	of the issuer;	iraatar of same areta issues	and afaam anata can an	1 and	anto ana a Consetto anali in isang ana
		partner of partnership issu		i and managing p	artners of partnership issuers; and
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full Name (Last name first, if Andrew Gutman	(individual)				
Business or Residence Addres	ss (Number and Str	eet, City, State, Zip Code)		
9999 Cavendish Blvd	l., Suite 100, N	Montreal, Quebec	H4M 2X5		•
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Richard Vaughn	`individual)				
Business or Residence Address c/o Polar Capital Cor				ario M5H 2	W9
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Stephen Mulherin	individual)				
Business or Residence Addres	ss (Number and Str	eet, City, State, Zip Code)		
c/o Polar Capital Cor	poration 372	Bay Street, 21st Fl	oor, Toronto, Ont	ario M5H 2V	W9
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	····	<u></u>		
Reid Drury					•
Business or Residence Addres					
c/o Polar Capital Cor	poration 372	Bay Street, 21st Fl	oor, Toronto, Ont	ario M5H 2V	N 9
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Ian Farquharson					*
Business or Residence Addres c/o Speedware Corpo				treal, Quebe	c H4M 2X5
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Jean-Pierre Theoret	individual)			-	
Business or Residence Addres	s (Number and Stre	eet, City, State, Zip Code)			
c/o Speedware Corpo	ration Inc. 99	99 Cavendish Blv	d., Suite 100, Mon	treal, Quebe	c H4M 2X5
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Garry Ciambella	individual)				
Business or Residence Addres c/o Speedware Corpo				treal, Quebe	c H4M 2X5

A. BASIC IDENTIFICATION DATA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Each permoter of the issuer, if the issuer has been organized within the past five years. Each beneficial owner having the power to vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive Officer and director of corporate issuers and of corporate general and managing partners of partnership issuers. Check Box(es) that Apply:	2. Enter the inform				rominad within the next five		
securities of the issuer; • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and • Each secutive officer	•						% or more of a class of equity
Each general and memaging partner of partnership issuers. Check Box(e) that Apply		securities of	of the issuer;	-			•
Check Box(es) that Apply Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Nick Cristiano Business or Residence Address (Number and Street, City, State, Zip Code) C/o Speedware Corporation Inc. 9999 Cavendish Blvd., Suite 100, Montreal, Quebec H4M 2X5 Chock Box(es) that Apply Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Mana	•					and managing pa	rtners of partnership issuers; and
Full Name (Last name first, if individual) Nick Cristiano Business or Residence Address (Number and Street, City, State, Zip Code) c/o Spedware Corporation Inc. 9999 Cavendish Blvd., Suite 100, Montreal, Quebec H4M 2X5 Check Box(es) that Apply	Check Box(es) that					Director	General and/or
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Speedware Corporation Inc. 9999 Cavendish Blvd., Suite 100, Montreal, Quebec H4M 2X5 Check Box(es) that Apply		~					Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Speedware Corporation Inc. 9999 Cavendish Blvd., Suite 100, Montreal, Quebec H4M 2X5 Check Box(es) that Apply	*		individual)				,
c/o Speedware Corporation Inc. 9999 Cavendish Blvd., Suite 100, Montreal, Quebec H4M 2X5 Check Box(es) that Apply			Olamban and Ch				
Check Box(es) that Apply						treal Quebe	. Н <i>и</i> м эу5
Full Name (Last name first, if individual) Anthony Kulakowski Business or Residence Address (Number and Street, City, State, Zip Code) C/o Speedware Corporation Inc. 9999 Cavendish Blvd., Suite 100, Montreal, Quebec H4M 2X5 Check Box(es) that Apply							
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Speedware Corporation Inc. 9999 Cavendish Blvd., Suite 100, Montreal, Quebec H4M 2X5 Check Box(es) that Apply	Check Box(es) that	і Арріу	Promoter	Beneficial Owner	Executive Officer	Director	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Speedware Corporation Inc. 9999 Cavendish Blvd., Suite 100, Montreal, Quebec H4M 2X5 Check Box(es) that Apply			individual)				
Check Box(es) that Apply Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Polar Enterprise Partners Inc. Business or Residence Address (Number and Street, City, State, Zip Code) Co'o Polar Capital Corporation 372 Bay Street, 21st Floor, Toronto, Ontario M5H 2W9 Check Box(es) that Apply Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Polar Enterprise Partners Limited Partnership Business or Residence Address (Number and Street, City, State, Zip Code) Co'o Polar Capital Corporation 372 Bay Street, 21st Floor, Toronto, Ontario M5H 2W9 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) James Y eates Business or Residence Address (Number and Street, City, State, Zip Code) Co'o Speedware Corporation Inc. 9999 Cavendish Blvd, Suite 100 Montreal, Quebec H4M 2X5 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Anthony Kula	akowski					
Check Box(es) that Apply			•		•		
Full Name (Last name first, if individual) Polar Enterprise Partners Inc. Business or Residence Address (Number and Street, City, State, Zip Code) C/o Polar Capital Corporation 372 Bay Street, 21st Floor, Toronto, Ontario M5H 2W9 Check Box(es) that Apply	c/o Speedwar	e Corpoi	ration Inc. 99	999 Cavendish Blv	d., Suite 100, Mon	treal, Quebec	e H4M 2X5
Full Name (Last name first, if individual) Polar Enterprise Partners Inc. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Polar Capital Corporation 372 Bay Street, 21 st Floor, Toronto, Ontario M5H 2W9 Check Box(es) that Apply	Check Box(es) that	t Apply	Promoter	Beneficial Owner	Executive Officer	Director	
Polar Enterprise Partners Inc. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Polar Capital Corporation 372 Bay Street, 21 st Floor, Toronto, Ontario M5H 2W9 Check Box(es) that Apply	Full Name (Last na	me first if i	individual)				Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Polar Capital Corporation 372 Bay Street, 21st Floor, Toronto, Ontario M5H 2W9 Check Box(es) that Apply	•	,	,				
c/o Polar Capital Corporation 372 Bay Street, 21st Floor, Toronto, Ontario M5H 2W9 Check Box(es) that Apply	- _			eet City State Zin Code	<u>, </u>	<u></u>	
Check Box(es) that Apply						ario M5H 2V	V9
Full Name (Last name first, if individual) Polar Enterprise Partners Limited Partnership Business or Residence Address (Number and Street, City, State, Zip Code) C/o Polar Capital Corporation 372 Bay Street, 21st Floor, Toronto, Ontario M5H 2W9 Check Box(es) that Apply:			<u> </u>				
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Polar Capital Corporation 372 Bay Street, 21st Floor, Toronto, Ontario M5H 2W9 Check Box(es) that Apply:							
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Polar Capital Corporation 372 Bay Street, 21st Floor, Toronto, Ontario M5H 2W9 Check Box(es) that Apply:	•	•	•				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Promoter Beneficial Owner Executive Officer Director Managing Partner General and/or Managing Partner Susiness or Residence Address (Number and Street, City, State, Zip Code) Color Speedware Corporation Inc. 9999 Cavendish Blvd, Suite 100 Montreal, Quebec H4M 2X5 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner General and/or Managing Partner Beneficial Owner Executive Officer Director Managing Partner General and/or Managing Partner Managin							
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) James Yeates Business or Residence Address (Number and Street, City, State, Zip Code) c/o Speedware Corporation Inc. 9999 Cavendish Blvd, Suite 100 Montreal, Quebec H4M 2X5 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Business or Residence Address (Number and Street, City, State, Zip Code)			-		:	· 3/211 411	70
Full Name (Last name first, if individual) James Yeates Business or Residence Address (Number and Street, City, State, Zip Code) c/o Speedware Corporation Inc. 9999 Cavendish Blvd, Suite 100 Montreal, Quebec H4M 2X5 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)							
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Speedware Corporation Inc. 9999 Cavendish Blvd, Suite 100 Montreal, Quebec H4M 2X5 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)				Beneficial Owner	Executive Officer		_
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Speedware Corporation Inc. 9999 Cavendish Blvd, Suite 100 Montreal, Quebec H4M 2X5 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	· ·		ndividual)				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	James Yeates						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)			•		•		
Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)			ration Inc. 99		d, Suite 100 Montr	eal, Quebec	
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)				Beneficial Owner	Executive Officer	☐ Director	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last na	me first, if i	ndividual)				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)							
Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Resider	nce Address	(Number and Stre	eet, City, State, Zip Code)		
Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)							
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Check Box(es) that	Apply:	Promoter	Beneficial Owner	Executive Officer	Director	—
	Full Name (Last na	me first, if i	ndividual)				
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)	Business or Resider	nce Address	(Number and Stre	eet, City, State, Zip Code)		
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)							
			(Use blan	k sheet, or copy and use a	additional copies of this sho	eet, as necessary.)	

					В.	INFORMA	ATION AB	OUT OFFE	RING				
												Ye	
l. i	Has the i	ssuer so	ld, or does					estors in this	_		•••••		
2 1	TT / T 4 . * - 4	t					-	f filing under					
2.	wnat is t	ne minii	num invest	ment that w	ill be acce	pted from ar	iy inaiviau	al			······································	······ \$ <u> </u>	s No
3. I	Does the	offering	permit joi	nt ownershi	p of a sing	le unit?							_
								paid or given					_
								les of securit SEC and/or v					
t	broker or	dealer.	If more th	an five (5)	persons to			i persons of					
			or that brok first, if indi	er or dealer	only.								
ruii N	ame (Las	i name	iirsi, 11 inai	viduai)									
Busine	ess or Re	sidence	Address (N	umber and	Street, City	y, State, Zip	Code)					. —	
Name	of Assoc	inted Dr	oker or Dea						<u> </u>		·		
Name	UI ASSUC	ialed Di	okei oi De	aici									
States i	in Which	Person	Listed Has	Solicited o	r Intends to	Solicit Pur	chasers		·		· · · ·		
							-						All States
[A	-	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[II]	L] (T)	[IN]	[IA]	[KS]	[KY]	[ĽA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[R	-	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [MV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
			irst, if indiv										
I ull INC	anic (Las	t manne i	insi, ii iildi	viduai)									
Rucine	ss or Des	idence	Address (Ni	umber and	Street City	, State, Zip	Code)						
Busine	55 UI NCS	idence i	Address (IV	unioer and i	street, City	, state, zip	Codej						
Name o	of Associ	ated Bro	oker or Dea	ıler				 				<u> </u>	
						Solicit Puro							All States
•		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[II	-	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
_	-	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[MV]	[WI]	[WY]	[PR]
Full Na	me (Last	name f	irst, if indiv	zidual)									
1 411 1 14	(Das	. Harrie I		, idual)									
Busines	ss or Res	idence A	Address (Nu	umber and S	Street, City	, State, Zip (Code)						
Name c	of Associ	ated Bro	oker or Dea	ler									
													·····
						Solicit Purc						All Sta	ites
[A		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	 [HI]	[ID]
[IL		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
_		[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
ſR.		SCI	[SD]	[TN]	[TX]	UTI	[VT]	[VA]	[WA]	[MV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box an indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security	d Aggregate			nt Already
		Offering Price			Sold
	Debt	\$		\$	
	Common Preferred	\$	- .	ъ	
		##00 000(1)		_	500.000 (1)
	Convertible Securities (including warrants)	\$500,000(1)	_	<u>\$</u>	500,000(1
	Partnership Interests	\$	_	<u>\$</u>	
	Other (Specify)	\$	_	\$	
	Total	\$ 500,00	_	\$	500,000
	Answer also in Appendix, Column 3, if filing under ULOE.	(1)All amounts cor the basis of US\$0			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Dolla	gregate ir Amount urchases
		1	-	\$	
	Non-accredited Investors		_	\$	-
	Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE.		_	\$	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			Dalla	
	Type of offering	Type of Security			r Amount Sold
	Rule 505		-	>	
	Regulation A		-	\$	
	Rule 504		_	\$	
	Total		_	\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	1,000
	Printing and Engraving Costs			\$	N/A
	Legal Fees		\boxtimes	\$	10,000
	Accounting Fees	,		\$	N/A
	Engineering Fees			s	N/A
	Sales Commissions (specify finders' fees separately)				IVA
				\$	N/A
	Other Expenses (identify) listing fee for the Toronto Stock Exchange .	•••••	\square	\$_	1,070
	Total		\boxtimes	<u> </u>	12,070

	C. OIT Elding I Rici	E, NUMBER OF INVESTORS, EXPENSES AND USE C		
		te offering price given in response to Part C - Question 1 and t C - Question 4.a. This difference is the "adjusted gross		\$ 487,930
	each of the purposes shown. If the amount	gross proceed to the issuer used or proposed to be used fo for any purpose is not known, furnish an estimate and check total of the payments listed must equal the adjusted gross of Part C - Question 4.b above.	K	
	,		Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and Fees		□ \$	\square s
	Purchase of real estate		□ s	□ \$
	Purchase, rental or leasing and installation o	f machinery and equipment	□ _{\$}	_ s
		d facilities	□ s	_□ s
		e value of securities involved in this offering that may be of another issuer pursuant to a merger)	□ s	□s
	Repayment of indebtedness		□ _{\$}	
	Working capital		□ s	⊠ \$ 487,930
	Other (specify):		□ s	
				M
			□ s <u> </u>	⊠ § 487,930
	Total Payments Listed (column totals added)		△ \$	487,930
_		D. FEDERAL SIGNATURE		
sign	nature constitutes an undertaking by the issuer	ed by the undersigned duly authorized person. If this notice to furnish to the U.S. Securities and Exchange Commiss redited investor pursuant to paragraph (b)(2) of Rule 502.		
	eedware Corporation Inc.	Signature Gush	Pate	40204
NIa-	ne of Signer (Print or Type)	Tille of Signer (Print or Type)		1 +
val.				

Intentional misstatements or omissions of fact constitute federal criminal violations (See 18 U.S.C. 1001).

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No
			\boxtimes
	. See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a not CFR 239.500) at such times as required by state law.	ice on For	m D (17
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnish offerees.	ed by the	issuer to
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability has the burden of establishing that these conditions have been satisfied.		
	issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the prized person.	undersign	ed duly
Issue	r (Print or Type) Signature Date		
Spe	edware Corporation Inc.	4,2	104
Name	e of Signer (Print or Type) Title of Signer (Print or Type)	U	•
Nicl	k Cristiano Chief Financial Officer		

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend to non-ac investors (Part B -	to sell credited in State	3 Type of security and aggregate offering price offered in state (Part C - Item 1)		Type o amount p (Par	4 of investor and urchased in State t C - Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)		
State	Yes	No	Common Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL			:	111,050015		111,000015				
AK										
AZ										
AR										
CA								1		
СО										
СТ										
DE										
DC					,					
FL									_	
GA										
HI										
ID										
IL										
IN										
IA										
KS										
KY										
LA										
ME										
MD										
MA	_									
MI										
MN										
MS										
МО										

APPENDIX Page 1

WOD:17448.1

APPENDIX

1	2		3		. 5					
:	Intend to non-ac investors (Part B -	in State	Type of security and aggregate offering price offered in state (Part C - Item 1)		Type of investor and amount purchased in State (Part C - Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)		
State	Yes	No	Common Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MT										
NE	_					***************************************				
NV										
NH										
NJ		 								
NM								<u></u>		
NY										
NC										
ND						· · · · · · · · · · · · · · · · · · ·				
ОН										
OK								<u> </u>		
OR										
PA									-	
PR									e	
RI										
SC										
SD										
TN								·		
TX		X	Common Shares	1	\$500,000	N/A	0		NO	
UT								·		
VT										
VA										
WA						• ····				
WV										
WI										
WY										